APPENDIX 9

Title VI - Civil Rights Complaint / Grievance Procedures

Informal Complaints are verbal statements by an enrollee or his/her representative which express dissatisfaction with quality of care, access to care and/or covered services of the program and may require a resolution. Informal complaints are from telephone calls and are resolved informally and immediately. Calls received by the Beneficiary Relations Staff that cannot be resolved immediately are referred to the Beneficiary Relations Division Director for handling or referred to the appropriate Agency Staff for handling. Calls received by Division of Medicaid are handled immediately and informally by Beneficiary Relations Staff.

<u>Formal Complaints</u> are written statements received from a beneficiary or his/her representative which express dissatisfaction with quality of care, access to care and/or covered services of the program and may require a resolution. Formal complaints are received in writing by the DOM Beneficiary Relations Division Director. If received by the DOM Beneficiary Relations Staff, the complaint is forwarded to the DOM Beneficiary Relations Division Director. After the DOM Beneficiary Relations Staff reviews the complaint a response regarding how the complaint was resolved is sent in writing within ten (10) working days to the beneficiary.

<u>Grievances</u> are formal actions which are usually undertaken after attempted resolution of the informal or formal complaint fails. Grievances are received in writing by the DOM Beneficiary Relation Division Director. After the DOM Beneficiary Relations Staff reviews the grievance a response regarding the decision is sent in writing within ten (10) working days to the beneficiary.

An appeal of the grievance decision may be made by writing within ten (10) working days of the receipt of the decision letter to: Executive Director, Division of Medicaid, Robert E. Lee Building, Suite 801, 239 North Lamar Street, Jackson, MS 39201-1399.

Appeal of Grievance Decision

Upon receipt of the written appeal, the Executive Director will appoint a hearing officer to review the complaint/grievance record, gather additional information if necessary, provide the recipient and others, as appropriate, an opportunity to state their positions. The Hearing Officer will make a recommendation for resolution of the grievance to the Executive Director. The Executive Director will render a final decision in writing within 60 working days of receipt of the written request for appeal. The decision made by the Executive Director is final, subject to appropriate judicial review.

DOM Beneficiary Relations Staff will maintain a log for informal complaints, grievances, and appeals. The log for informal complaints and formal complains will include the date the complaint was received and from whom, the nature of complaint, date complaint resolved and resolution, was grievance filed, and name of Beneficiary Relations staff who handled the complaint. The log for grievances will include the date the complaint was received and from whom, type of complaint, date of written response, date of receipt of written appeal, date of written final decision, location of documentation and name of Beneficiary Relations staff who handled the grievance.

Title VI - Civil Rights Log for Informal Complaints

Handled By	ŕ										
Grievance Filed	Yes/No										
Date Resolved and	Resolution										
Type of Complaint											
Name of Complainant	alid Medicald Number					·					
Date Received			·						·		

Title VI - Civil Rights Log for Formal Complaints

	Handled By									
	Grievance Filed Yes/No									
	Date Resolved and Resolution									
,	Type of Complaint									
	Name of Complainant and Medicaid Number									
	Date Received									

Title VI - Civil Rights Log for Formal Grievances

	Handled By										I
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	Location of Documentation										
	Date of Written Response of Final Decision										
	Date Written Appeal Received										
	Date of Written Response							-			
	Type of Complaint					-					
	Name of Complainant and Medicaid Number										
	Date Received										